		FOR OF	FICE US	E ONLY:		
					MAPLOT	
					PERMIT #	
	Town of	Trem	ont A	pplica	ation	
	Proof of O	wnership	MUST A	company	y Application	
. IDENTIFICATION				DATE OF	APPLICATION	
APPLICANT (in ble	• ,			,	(if different from applicant)	
\				Name Address		
				Tel. No.	-	
ei. No				rei. No.		
		AGENT Telephone	<u> </u>			
	4ND DDE0ENT U.O.	•				
. LOI LOCATION	AND PRESENT USE:					
A. Assessor's Tax	Map and Lot #:	Тах Мар			Lot #	_
B. Deed	Book		Page _		_	
List any restriction	s or requirements of th	e deed:				
C. Dimensions:	Width	<u> </u>	Depth		_	
	Total Lot Area					
D. Land Use Zone	e			_(from Trer	mont's Zoning Ordinance)	
E. Present Use						
DROBOSED USE	(Diseas shock and)			_		
. PROPOSED USE	(Please check one) Residential		OR		Non-residential	
☐ Single fam	nily or two family unit			Commerc	ial / Industrial	
Multi-fami					al / Government	
				Other (de		
PLEASE DESCF	RIBE YOUR PROJE	СТ				
						_

4. PRO	POSED TYPE OF DEVELOPMEN	T (please check all th	nat apply):		page 2
	New building			Road or driveway	
	Alterations and / or additions to e	existing building		Excavation or fill	
	Mobile Home			Sign	
	Pier, dock, wharf, ect.			Other (describe)	
5. NAN	IES AND ADDRESSES OF ABUTT	ERS (including oppo	osite side of	road) :	date notice sen
Мар					
Мар					
Мар					_
Мар					
Мар					
Мар					
6. DEM	ENSIONS OF PROPOSED BUILDI				
	Width	Length		Height	<u> </u>
7. AMO	UNT OF FILL NEEDED	8. LOT	FRONTAGE	ON WATERBODY	
	ANCE OF PROPOSED BUILDING: BOUNDRIES Front	S, SIGN, ROAD, DRIN Side 1.	/EWAY, OR	EXCAVATION FROM	
	Back	Side 2.			
	Center line of Road	Normal High-W	ater Line		
10. LO	COVERAGE (be sure to include the normal high-water li				60' of
Existing	building(s)			,	Square Feet
Propose	ed building(s)				_ Square Feet
TOTAL	existing + proposed buildings				Square Feet
Maximu	m lot coverage:				_
Lot area	(from 2C on previous page multiplied by % allowed in zone	20% - R 25% - B 70% - H	usiness / Rea	d Limited Residential	
	Equals	square f	eet		

11. NUN	MBER OF PARKING SPA Existing		_	Proposed	d		
12. TYP	PE OF WATER SUPPLY Existing		_	Proposed	d		
13. TYP	PE OF SEWAGE DISPOS Existing Soil test certificate # _			Proposed Plumbing	d j hook-up #		_
14. ENV	IROMENTAL CONDITION)NS (plea	se check all that	apply)			
	Flood hazard area		Zone		Permit #		_
	Wetlands:		Coastal		Freshwater		Stream
15. DRI	VEWAY OPENING PERI	ИΙΤ					
	Town Permit		number		_		
	State Permit		number		_		
	Pleas	se note th	nat an incomplete	form will only o	delay your project.		
Agen CONI A. Pe fro B. Ti th C. Pi ai no D. Ui SIGN in co	HMENT: de a copy of any offical cies reguarding the use DITIONS PLACED UPON ermit will be processed om the day it is approve the applicant shall permit the Hearing and / or the One dease note: Upon comp pplied, the CEO must be otified for a final inspect pon approval you MUST UNG OF THE APPLICAT certify that all information formance with this applections by the Code Enf	e of this purchased in the Place Enformation of all pay and ION on given polication	oroperty. SUANCE OF THIS mpletion of the a nning Board Men orcement Officer the setting-out of for inspection of projects. If pick up your pe in this application and the Tremont	PERMIT pplication. A penders to make a (CEO) to inspect the structure at the structure. rmit from the Tourist and is accurate. A Zoning Ordinar	ermit is valid for one site inspection before the site/project. and before any mate The CEO must also own Office.	ore rial is be nall be	
	Signature of Applica	nt			Date		_
	Signature of Agent				Date		

Be sure that the site plan on the next page is complete and to scale.

Site Plan

Please include: Lot lines; Area to be cleared of trees and other vegetation; the exact position of proposed structures, includes decks, porches, and out buildings with accurate setback distances from the shoreline, side and rear property lines; the location of proposed wells, septic systems, and driveways; and areas and amounts to be filled or graded. If the proposal is for expansion of an existing structure, please distinguish between the existing structure and the proposed expansion.

	Scale:	=	_Feet
N N			
FOR OFFICE USE ON		Planning Poord	CEO
Application revie	-	-	ect to the following conditions:
		Denied; Reasor	n fo Denial
nspection by CEO: Interim:	Approved Not Approved	Date:	
Comments			
Comments			Not Started
Signature:			Date